

Sandia National Laboratories

INSTRUCTIONS FOR COMPLETING PHYSICIAN'S CERTIFICATE OF DISABILITY (PCD)

Note 1: See CPR 300.5.6 (12/97), "Sickness Absence."

Note 2: Medical Organization refers to Occupational Health Programs Department at SNL/NM and Health Services at SNL/CA.

INSTRUCTIONS TO MANAGER:

1. The immediate manager of an employee who has been absent due to illness for two (2) consecutive calendar days should complete the top portion of the Physician's Certificate of Disability [SF 4560-G (11-96)] and send it with the return envelope (SF 4560-H) to the employee by the third day of absence. In the event of scheduled surgery or other scheduled treatment, the manager may provide the employee this form and envelope in advance of the anticipated absence.
2. A copy of this form may be retained for department files.

INSTRUCTIONS TO EMPLOYEE:

Sickness absence benefits provide for temporary disability for diagnosed medical conditions with a goal of assisting employees in successfully returning to work.

To qualify for paid sickness absence benefits, please follow these instructions:

1. **You must ensure that the top portion of this form is completed including signing the authorization for release of information.** This authorization grants permission to your health care provider to provide supportive medical information for this absence only and will be used to determine eligibility for sickness absence benefits.
2. You must be seen by your physician **within the first seven consecutive calendar days of a sickness absence.** If you are absent one week (7 consecutive calendar days, including weekends and holidays; 8 consecutive calendar days at SNL/CA), you must have your physician complete this form certifying that you were under his/her care and unable to work because of illness. Sandia National Laboratories' physicians are not authorized to complete a Physician's Certificate of Disability. During lengthy absences, you may be given additional certificates to submit, be requested to sign a release for medical information, or be requested to report to the Medical Department. **The PCD must be in the Medical Department within two (2) weeks of the beginning of the absence.**
3. The Physician's Certificate of Disability must be acceptable to the Medical Department or sickness absence benefit time may be denied. The diagnosis and treatment of the physician or health care practitioner completing this form must be within the scope of their practice and should normally be completed by a Doctor or Medicine (MD), or Doctor of Osteopathy (DO). Physician's Certificates of Disability are accepted from other health care practitioners only in the following limited situations:
 - a. Chiropractors: Certificates are accepted only for spinal-muscular problems with symptom(s) and signs directly in the back and are not accepted for other health problems, the symptoms and signs of which are in other parts of the body, whether or not attributed to the back by the practitioner.
 - b. Dentists: For any absences involving dental care or treatment which disables you from working for two (2) or more days, a Physician's Certificate of Disability from a dentist certifying that you were unable to work is required. Routine visits for fillings, cleaning, minor extractions or other treatment of similar nature are not considered disabling.
 - c. Podiatrists: Certificates are accepted only when treatment is appropriate for the disability.
4. You do not have to bring this completed certificate with you in order to return to work. The physician or health care practitioner can mail the certificate to the Medical Department in the self-addressed envelope.
5. You **must** return to work through the Medical Department if:
 - (1) you were hospitalized; (2) you had a surgical procedure;
 - (3) you were absent because of an injury; (4) your manager requests it; (5) Medical requests it; or (6) you were absent seven (7) consecutive calendar days (eight in California), including weekend and holidays.
6. **You must obtain the approval of the Medical Department before you: a) leave town during sickness (for any reason), including medical treatment and/or testing, or b) start a scheduled vacation immediately following sickness absence.**
7. It is your responsibility to discuss the return to work date (as stated on the attached certificate) with your treating physician or health care practitioner.
8. DOE Order 5631.2b requires that DOE access authorizations "be terminated when an individual is on leave of absence or on extended leave and will not require access for at least 90 days." (Note: 90 consecutive calendar days).
Three weeks prior to the employee's expected return to work, the badge office must be notified by the Medical Department to request access authorization. If access is not completed prior to the employee's return, she/he will receive a red badge and be escorted until the authorization is complete.
9. Absences associated with paid and approved sickness absence benefits meet the requirements of the Family and Medical Leave Act (FMLA). If an employee is requesting a FMLA, the request should be in the form of a memo and should be submitted to the Benefits administration Department 3344, MS 1021 (NM) or Human Resources Department 8522, MS 9111 (CA)

Sandia National Laboratories

PHYSICIAN'S CERTIFICATE OF DISABILITY (PCD)

THIS PORTION COMPLETED BY **EMPLOYEE'S ORGANIZATION**

Date Originated		First Day of Absence	
Employee's Name		Address (Street, City, and State)	
Org. No./Mail Stop	Social Security No.	Manager's Name and Phone No.	

Authorization for Release of Information (Signature is Required)

I authorize any physician, medical practitioner, health care practitioner, hospital, Veterans Administration hospital, clinic, other medical or medically related facility having information as to diagnosis, treatment, and prognosis with respect to any physical or mental condition, and/or treatment of me related to this absence/illness **only**, to provide Sandia National Laboratories' Medical Department any and all such information.

I understand that the information obtained by use of this Authorization will be used by Sandia National Laboratories' Medical Department to determine eligibility for benefits.

Employee's Signature _____ Date _____

THE CONFIDENTIALITY OF THIS PRIVILEGED INFORMATION WILL BE MAINTAINED

TO BE COMPLETED BY SANDIA MEDICAL DEPARTMENT

Day Returned to Work

THIS PORTION COMPLETED BY EMPLOYEE'S PHYSICIANTO
PHYSICIAN

Sickness absence benefits provide for temporary disability for diagnosed medical conditions, with a goal of assisting employees in successfully returning to work. An employee must be considered unable to work because of sickness or injury, as certified by the employee's physician, **before** sickness benefits can be paid to the employee. If the employee's absence attributed to sickness is not approved sickness benefit time may be denied. please complete this form and mail this copy in the self-addressed envelope provided. During lengthy absences, additional Physician's Certificates or medical treatment records may be requested. If you have any questions, please contact the Medical Organization at 845-8692 (SNL/NM) or 294-2700 (SNL/CA). **Please keep a copy for your patient medical records.**

Thank you for your cooperation.

Larry R. Clevenger, M.D.
Medical Director
Sandia National Laboratories

TREATMENT DATES	Date First Seen During This Absence	Date Last Seen During This Absence
DIAGNOSIS	(Include complications if any)	ICD9 Code
SURGERY	Date	Type of Surgery
HOSPITALIZATION	Date(s)	Name of Hospital
WORK LIMITATIONS	<p>Sandia can normally accommodate restricted physical activity and/or varied work schedule to aid in rehabilitation. If any recommendations of this type are necessary, please indicate type and duration of need in space below.</p> <p>_____</p> <p>_____</p> <p>Do you wish a Sandia National Laboratories' physician to contact you regarding rehabilitation of this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
RETURN TO WORK	<p>It is the Responsibility of the Employee to Discuss the Return-To-Work Date with the Physician.</p> <p>Physician Give Date Employee May Return to Work. → Date Employee May Return to Work</p>	
ATTENDING	Name	Telephone No.
	Address	

I CERTIFY that the patient has been unable to work from the first day of absence (see top of form) to the indicated return-to-work date, or is still unable to return to work.

Signature _____

Physician's Signature

Date

RETURN TO MEDICAL DEPARTMENT

New Mexico:

P.O. Box 5800 MS 1019
Albuquerque, NM 87185-1019

California:

P.O. Box 969 MS 9112
Livermore, CA 94551-0969